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Bib Data Sheet

CONFIRMATION NO. 1444

SERIAL NUMBER 10/826,867	FILING OR 371(c) DATE 04/16/2004 RULE	CLASS 248	GROUP ART UNIT 3632	ATTORNEY DOCKET NO. 14389.2USU1
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WI	18	19	4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

EXTENDABLE/RETRACTABLE SUPPORT COLUMN

FILING FEE RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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